PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further correspondence including the Patent, a	idvance orders and notification of maintenance fees will be mailed to the current correspondence address a ik 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for
indicated unless corrected below or directed otherwise in Bloc	k 1. by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" to
maintenance fee notifications.	
manuchance fee nourieutons.	Management of the second secon

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

7500 05/14/2010 47231 PATRICK R. SCANLON PRETI FLAHERTY BELIVEAU & PACHIOS LLP ONE CITY CENTER

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United
States Fostal Service with sufficient postage for first class mail in an envelope
addressed to the Mail Stop ISSUE First address above, or being facisimile
transmitted to the USPTO [37] 1273-2885, on the date indicated below

PORTLAND, ME 04112-9546 (Depositor's name)

PORTLAND, MI						
						(Signal
						(E
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNBY DOCKET NO.	CONFIRMATION NO.
10/688,539	10/17/2003		Joel S. Echols	-	- 32328US02	1150
ITLE OF INVENTION:	THREE LAYER ARTI	FICIAL TEAR FORMU	LATION			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUB	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	08/16/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS]		
KISHORE, GO	LLAMUDI S	1612	424-427000			
. Change of correspondence address or indication of "Fee Address" (37 JFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		n of "Fee Address" (37	2. For printing on the p		1 Preti Flaherty B	eliveau & Pachios LLP
		nge of Correspondence	spondence (1) the names of up to 3 register or agents OR, alternatively,			
	cation (or "Fee Address' 2 or more recent) attach	" Indication form	(2) the name of a single registered attorney or	e firm (having as a men agent) and the names of meys or agents. If no na printed.	up to	
PTO/SB/47; Rev 03-0	2 or more recent) attach	ed. Use of a Customer	2 registered patent atto	meys or agents. If no na	me is 3	
Number is required.			listed, no name will be	printed.		
ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)		-
ASSIGNEE NAME AT	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)		ocument has been file
ASSIGNEE NAME AT	ND RESIDENCE DATA ess an assignce is ident in 37 CFR 3.11. Comp	TO BE PRINTED ON		pe) atent. If an assignee is assignment.	identified below, the do	ocument has been file
ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forth	ND RESIDENCE DATA ess an assignce is ident in 37 CFR 3.11. Comp	TO BE PRINTED ON	THE PATENT (print or ty data will appear on the p of a substitute for filing an	pe) atent. If an assignce is assignment. ' and STATE OR COUN	identified below, the do	ocument has been file
ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIC Aqueous Pharma	ND RESIDENCE DATA ess an assignce is ident in 37 CFR 3.11. Comp BNEE a Limited	A TO BE PRINTED ON iffed below, no assignee oletion of this form is NO	THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY Lisbon, Portug	pe) atent. If an assignee is assignment.	identified below, the do	
ASSIGNEE NAME AI PLEASE NOTE: Unli recordation as set fort (A) NAME OF ASSIC Aqueous Pharma ease check the appropri	ND RESIDENCE DATA case an assignce is identi in 37 CFR 3.11. Comp SNEE a Limited ate assignce category or	A TO BE PRINTED ON ified below, no assigned lection of this form is NO categories (will not be p	THE PATENT (print or ty) data will appear on the p off a substitute for filing an (B) RESIDENCE: (CIT) Lisbon, Portug rinted on the patent):	pe) atent. If an assignee is assignment. ' and STATE OR COUN gal	identified below, the de (TRY)	up entity Govern
ASSIGNEE NAME AI PLEASE NOTE: Unitroordation as set forti (A) NAME OF ASSIC Aqueous Pharma lease check the appropri a. The following fee(s) a	ND RESIDENCE DATA case an assignce is identi in 37 CFR 3.11. Comp SNEE a Limited ate assignce category or	A TO BE PRINTED ON ified below, no assigned lection of this form is NO categories (will not be p	THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY Lisbon, Portug	pe) atent. If an assignee is assignment. ' and STATE OR COUN gal	identified below, the de (TRY)	up entity Govern
Number is required. ASSIGNEE NAME AI PLEASE NOTE: Universelled in a set forti (A) NAME OF ASSIC Aqueous Pharma lease check the appropri The following fee(s) a I saue Fee	ND RESIDENCE DATA ess an assignce is idente in 37 CFR 3.11. Comp in Experiment in Limited at assignce category or are submitted:	A TO BE PRINTED ON iffed below, no assignce pletion of this form is NO categories (will not be p	THE PATENT (print or by data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY) Lisbon, Portug rinted on the patent): b. Payment of Fec(s): (Pleating the patent) and the patent) A check is enclosed.	pe) atent. If an assignce is assignment. and STATE OR COUN pal Individual Corpora confirst reapply any pr rd. Form PTO-2038 is a	identified below, the de (TRY) ation or other private gre eviously paid issue fee settached.	up entity Govern
Number is required. ASSIGNEE NAME AI PLEASE NOTE: Universelled in a set forti (A) NAME OF ASSIC Aqueous Pharma lease check the appropri The following fee(s) a I saue Fee	ND RESIDENCE DATA sas an assignce is idente in 37 CPR 3.11. Comp since a Limited interest assignce category or are submitted: so small entity discount p	A TO BE PRINTED ON iffed below, no assignce pletion of this form is NO categories (will not be p	THE PATENT (print or by data will appear on the p of a substitute for filing an (B) RESIDENCE: (CITY) Lisbon, Portug rinted on the patent): b. Payment of Fec(s): (Pleating the patent) and the patent) A check is enclosed.	pe) atent. If an assignce is assignment. and STATE OR COUN pal Individual Corpora confirst reapply any pr rd. Form PTO-2038 is a	identified below, the de (TRY) ation or other private gre eviously paid issue fee settached.	up entity Govern
Number is required. ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIG Aqueous Pharma lease check the appropri The following fee(s) a I sue Fee Publication Fee (N Advance Order - h	ND RESIDENCE DATA sas an assignce is ident in 37 CFR 3.11. Comp SNEE a Limited atc assignce category or are submitted: to small entity discount p of Copies	A TO BE PRINTED ON iffed below, no assignce oletion of this form is NC categories (will not be p determitted)	THE PATENT (print or by data will appear on the p Ta substitute for filling an (B) RESIDENCE: (CITA Lisbon, Portug crinted on the patent): Deprivation of Foc(s): (Plee A check is enclosed. Payment by credit cas The Director is hereby overpayment, to Dept	pe) atent. If an assignoe is assignment. and STATE OR COUN pal Individual	identified below, the de (TRY) attion or other private gre- eviously paid issue fee : ttached. e required fee(s), any de	up entity Govern shown above) ficiency, or credit any extra copy of this for
Number is required. ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIC (A) Queous Pharma ease check the appropri The following fee(s) is Lisus Fee Publication Fee (N) Advance Order - 6 Change in Entity State Annicons claim	ND RESIDENCE DATA sas an assignce is identified in 13 TCFR 3.11. Comp in 13 TCFR 3.11. Comp in 13 TCFR 3.11. Comp in 14 TCFR 3.11. Comp are submitted to small entity discount p of Copies use (Trom status indicates small entity discount p of Small entity discount p	A TO BE PRINTED ON ified below, no assignees letion of this form is NC categories (will not be p categories (will not be p d above) s See 37 CFR 1.27.	THE PATENT (print or by data will appear on the p of a substitute for filling an (B) RESIDENCE: (CITY Lisbon, Portug Lisbon, P	pe) atent. If an assignee is assignment. and STATE OR COUN pal Individual Corpora ass first reapply any pr d. Form PTO-2038 is at y authorized to charge th with Account Number asser claiming SMALL E.	identified below, the de (TRY) ation or other private gro- eviously paid Issue fee attached. required fee(s), any de 200005 (enclose at	up entity Govern shown above) ficiency, or credit any extra copy of this for
Number is required. ASSIGNEE NAME AI PLEASE NOTE: Unit recordation as set forti (A) NAME OF ASSIC (A) Queous Pharma ease check the appropri The following fee(s) is Lisus Fee Publication Fee (N) Advance Order - 6 Chauge in Entity State Advance order - 6	ND RESIDENCE DATA sas an assignce is identified in 13 TCFR 3.11. Comp in 13 TCFR 3.11. Comp in 13 TCFR 3.11. Comp in 14 TCFR 3.11. Comp are submitted to small entity discount p of Copies use (Trom status indicates small entity discount p of Small entity discount p	A TO BE PRINTED ON ified below, no assignees letion of this form is NC categories (will not be p categories (will not be p d above) s See 37 CFR 1.27.	THE PATENT (print or by data will appear on the p Ta substitute for filling an (B) RESIDENCE: (CITA Lisbon, Portug crinted on the patent): Deprivation of Foc(s): (Plee A check is enclosed. Payment by credit cas The Director is hereby overpayment, to Dept	pe) atent. If an assignee is assignment. and STATE OR COUN pal Individual Corpora ass first reapply any pr d. Form PTO-2038 is at y authorized to charge th with Account Number asser claiming SMALL E.	identified below, the de (TRY) ation or other private gro- eviously paid Issue fee attached. required fee(s), any de 200005 (enclose at	sup entity Govern shown above) ficiency, or credit any extra copy of this for
Assignee is required. Assignee Name Al PLEASE NOTE: Universeriation as set forti (A) NAME OF ASSIG Aqueous Pharma lease check the appropri The following fee(s) is a lister of the publication Fee (N) Advance Order - 6.	ND RESIDENCE DAT/ ses an assignce is identi- n and YCFR 3.11. Comp INDE LUMINED ate assignee category or are submitted: so small entity discount p of Copies of Copies sylvanian indicate sylvanian indicat	A TO BE PRINTED ON ified below, no assignees letion of this form is NC categories (will not be p categories (will not be p d above) s See 37 CFR 1.27.	THE PATENT (print or by data will appear on the p of a substitute for filling an (B) RESIDENCE: (CITY Lisbon, Portug Lisbon, P	pe) atent. If an assignee is assignment. and STATE OR COUN pal Individual Corpora ass first reapply any pr d. Form PTO-2038 is at y authorized to charge th with Account Number asser claiming SMALL E.	identified below, the di (TTRY) ution or other private gro- eviously paid issue fee - ttached required fee(s), any de- 6000055 (carclose at 0000057 (status. See 37 Ct distoracy or agent; or th	up entity Govern shown above) ficiency, or credit any extra copy of this for

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FIESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450. DO NOT SEND FIESS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22315-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.